

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040788

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

251

Primary Registration District No.

3048

Registrar's No.

280

STATE FILE NUMBER

FILED NOV 12 1963

## 1. PLACE OF DEATH

a. COUNTY Nodaway

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Maryville

Length of stay in 1b  
1 week

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 601 South Dewey

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Nodaway

c. CITY OR TOWN Maryville

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
601 South Dewey

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First Middle Last  
LULA BLANCHE SCHOONOVER

5. SEX  
Female

6. COLOR OR RACE  
White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
2/12/83

9. AGE (last birthday)  
80

IF UNDER 1 YEAR IF UNDER 24 HR.  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY  
Own home

11. BIRTHPLACE (City and state or country)  
Clay County, Mo.

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME  
J. P. Norris

13b. MOTHER'S MAIDEN NAME  
Josie Johnson

14. NAME OF HUSBAND OR WIFE  
J. T. Schoonover, dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.  
[redacted]

17. INFORMANT  
Raymond Lynch, Maryville, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebro-vascular thrombosis 3 wks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis

DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic heart disease

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10/31/63 to 11/5/63 and last saw her alive on 10/31/63. Death occurred at 8:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
B. F. Byland M. D.

22b. ADDRESS  
Maryville, Missouri

22c. DATE SIGNED  
11/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
burial

23b. DATE  
11/7/63

23c. NAME OF CEMETERY OR CREMATORY  
Oak Hill

23d. LOCATION (City, town, or county) (State)  
Maryville, Missouri

24. FUNERAL DIRECTOR ADDRESS  
Price Funeral Home, Maryville, Mo.

25. DATE RECD. BY LOCAL REG.  
11-6-63

26. REGISTRAR'S SIGNATURE  
Beas / Holt

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed GT Marshall

Licensed Embalmer No. 5788

P. O. Address Manassas, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.